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CONFIRMATION NO. 6397

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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/447,366 02/14/2003
 and claims benefit of 60/447,412 02/14/2003
 and claims benefit of 60/447,415 02/14/2003
 and claims benefit of 60/447,553 02/14/2003
 and claims benefit of 60/447,648 02/14/2003
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 and claims benefit of 60/503,026 09/15/2003

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
 05/11/2004

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWINGS 0	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 9
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and /JENNIFER MYONG M KIM/ Examiner's Signature	Initials				
Acknowledged					

ADDRESS

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TITLE

Combination therapy for the treatment of immunoinflammatory disorders

FILING FEE RECEIVED 1077	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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